

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
103 DOC 207

SPECIAL ACCOMMODATIONS FOR INMATES

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MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION OF HEALTH SERVICES
SPECIAL ACCOMODATIONS FOR INMATES	103 DOC 207

PURPOSE: This policy is intended to address inmate requests for special accommodations which may fall under the Americans with Disabilities Act or other provisions of state and federal law.

REFERENCES: M.G.L. c. 124, §1 (c) and (q)
M.G.L. c. 22, §13A
42 U.S.C.A. §12132

APPLICABILITY: Inmates

PUBLIC ACCESS: Yes

MAINTENANCE OF POLICY: DOC Central Policy File
Superintendent's Office
Inmate Law Libraries
Audiotape and Braille Copy of Policy For
Visually Impaired Inmates in Inmate Law
Libraries

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY

- Assistant Deputy Commissioner of Clinical Services
- Director of Resource Management
- Superintendents
- Deputy Superintendents

PROMULGATION DATE: 03/14/2005

EFFECTIVE DATE: 04/14/2005

CANCELLATION: This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, or regulations which are inconsistent with this policy.

SEVERABILITY CLAUSE: If any part of this policy is, for any reason, held to be in excess of the authority of the Commissioner, such decision will not affect any other part of this policy.

207.01 DEPARTMENT POLICY

1. It is the policy of the Department to ensure that existing programs in established institutions and facilities under the direction of the Commissioner of Correction, are readily accessible and usable by inmates with special needs unless such accommodation would materially impair the safe and efficient operation of the program, present a safety hazard to the individual inmate or staff, threaten the security of the correctional institution/facility, or would otherwise cause undue hardship in the operation of the institution/facility.
2. Programs, activities and services will operate in a manner which provides for the full and nondiscriminatory participation of an inmate with special needs in all areas which do not threaten the security of the institutions or the personal safety of the inmate with special needs.
3. Inmate with hearing and/or speech disabilities, and inmates who wish to communicate with parties who have such disabilities, shall be afforded access to a Telecommunications Device for the Deaf (TDD) or comparable equipment. Telephone with volume control shall also be made available to inmates with hearing impairments.
4. Any inmate claiming a special need due to a physical or mental state, that amounts to a limitation or impairment in everyday activities, whether claimed as a disability under the Americans with Disabilities Act or not, should be considered for a reasonable accommodation for the limitation or impairment.

Upon receipt of an inmate's Request For Reasonable Accommodation, the Superintendent will review the inmate's request within a reasonable time and either grant, modify or deny the request, stating the basis for his/her decision. Factors to be considered include safety, security, available alternatives and/or costs associated with the request. An inmate submitting a Request For Reasonable Accommodation Of Special Need(s) must expressly agree to cooperate with the institution in the handling of his/her request, which includes but is not limited to, agreeing to be interviewed and/or examined by appropriate institutional or medical staff in an effort to resolve the request. An inmate's refusal to expressly agree to such cooperation may result in the outright denial of his/her Request For Reasonable Accommodation.

207.02 ARCHITECTURAL BARRIERS

1. It is the policy of the Department, pursuant to M.G.L. Chapter 22, Section 13A, to ensure that new institutions/facilities are constructed in a manner to be accessible and usable by handicapped inmates.
2. All plans for a new correctional institution/facility construction and plans for renovation of existing correctional institutions/facilities shall comply with the Massachusetts Building Codes and Architectural Barriers Board regulations as required, and to the extent that such compliance is consistent with essential security requirements. The Director of Resource Management shall be responsible for monitoring compliance with this provision.
3. The Department will pursue an objective of providing a barrier-free environment in all correctional institutions/facilities. Each Superintendent is required to conduct a self-evaluation of his/her facility and its programs. Each Superintendent shall develop a plan that will include but not be limited to:
 - a. The provision of shower, bath, and lavatory rails in those areas occupied and used by physically handicapped inmates, as described in M.G.L. Chapter 22, Section 13A.
 - b. The use of Department Classification procedures to explore options, such as transfer to a more suitable institution or a unit within an institution, which may be better equipped to deal with the needs of a particular handicap. The Assistant Deputy Commissioner of Clinical Services shall be responsible for ensuring that classification staff is familiar with this policy and the concerns presented by inmates with special needs.
 - c. Housing assignments of inmates to areas which will not place undue stress upon them because of their handicap (e.g., persons with serious heart problems, artificial legs, etc. should normally be housed on a lower tier or lower floor level whenever practicable and a medical order so requires).
 - d. The provision of ramps, elevators, or chair lifts, wherever practicable, to those authorized areas which would otherwise be inaccessible to handicapped inmates. Such authorized areas may include, but are not limited to:
 - i. Classrooms

- ii. Visiting Rooms
- iii. Health Services Unit
- iv. Dining Room
- v. Recreation Areas
- vi. Work Areas
- vii. Chapels

207.03 AMERICANS WITH DISABILITIES ACT (ADA) COORDINATORS

1. The Health Services Division Director of Quality Improvement is designated as the Department ADA Coordinator for the purpose of coordinating and monitoring activities and procedures related to special accommodations and access to programs for inmates with disabilities on a department-wide basis.
2. The Deputy Superintendent of Treatment or, in facilities with one Deputy, the Deputy Superintendent, is designated as the Institution ADA Coordinator for the purpose of coordinating and monitoring activities and procedures related to special accommodations and access to programs for inmates with disabilities at each correctional facility to include, but not be limited to the following:
 - a. ensuring the assignment of appropriately trained individuals to assist disabled offenders who cannot otherwise perform basic life functions; and
 - b. ensuring that education, equipment and facilities, and the support necessary for inmates with disabilities to perform self-care and personal hygiene in a reasonable private environment is provided.

207.04 REQUESTS FOR REASONABLE ACCOMMODATIONS

1. An inmate's request for reasonable accommodation may be initiated in either of two ways: (a) by a request to or from medical staff for a medically prescribed accommodation, or (b) by completion of a Request for Reasonable Accommodation of Special Need(s) form (Attachment A).
2. If medical staff determines that a medically prescribed accommodation is warranted, he/she shall convey the medical order to the Institution ADA Coordinator via the Medical Restrictions Form (Attachment B) as per policy 103 DOC 630 and shall enter the order in the "Restrictions/Limitations/Special Needs" section of the "Medical Restrictions" screen of the Medical Module of the IMS.

Under no circumstances shall correctional staff substitute their judgment for that of medical staff where a medical

accommodation has been prescribed. Medically prescribed accommodations may be reviewed only to address institutional safety and security concerns. Should a medically prescribed accommodation require a modification under these circumstances, the Institution ADA Coordinator shall notify medical staff of the safety/security concerns so that medical staff can appropriately modify the prescribed accommodation.

3. When a request for reasonable accommodation is initiated by the inmate's completion of the Request for Reasonable Accommodation of Special Need(s) form, the form should be submitted directly to the Institution ADA Coordinator. The Institution ADA Coordinator shall evaluate the requested accommodation to determine whether it would present any safety or security concerns, whether it would fundamentally alter the nature of the service, program or activity, whether it would create an undue financial burden, and, if necessary, whether there are feasible alternative ways of accommodating the special need. In making these determinations, the Institution ADA Coordinator shall consult with the appropriate correctional, medical and/or mental health staff.
4. An inmate requesting a reasonable accommodation of special need(s), whether through medical staff or directly to the Institution ADA Coordinator, must expressly agree in writing to cooperate with the institution in the handling of his/her request. Cooperation shall include, but is not limited to, agreeing to be interviewed and/or examined by appropriate institutional or medical staff in an effort to resolve the request. An inmate's refusal to agree to such cooperation may result in the outright denial of his/her Request for Reasonable Accommodation. Moreover, an inmate who refuses to cooperate in the handling of a request for accommodation through medical staff shall sign a medical treatment refusal form.
5. Upon approval of a reasonable accommodation, regardless of how the request was initiated, the Institution ADA Coordinator will prepare and send an Accommodation Approval Memorandum (Attachment C) to the concerned inmate and distribute copies as indicated on the form and to whomever else the Institution ADA Coordinator deems necessary in order to properly implement the accommodation. Additionally, upon receipt of the Memorandum, the facility Clinical Administrator or designee shall enter a brief but informative description of the accommodation(s) in the "Restrictions/Limitations/Special Needs" section of the "Medical Restrictions" screen of the Medical module of the IMS.

207.05 INSTITUTIONAL PROCEDURES

The Superintendent of each facility shall be responsible for developing and implementing institutional procedures pursuant to this policy. Such procedures shall include at a minimum:

- a. a description of the process used to identify new admissions with existing approved accommodations and to implement/modify those accommodations promptly;
- b. a description of the process used to communicate across shifts approved accommodations to staff who may have responsibility for implementation; and
- c. a designation of the locations where inmates may obtain the Request for Reasonable Accommodation form (Attachment A).

207.06 INTER-INSTITUTIONAL TRANSFERS

1. The Superintendent of each facility shall develop written procedures to ensure that the written and automated records of all admissions to the facility are reviewed for approved accommodations as part of the admissions process. Additionally, the facility's admission procedures shall include a mechanism by which the Institution ADA Coordinator, or shift commander during non-business hours, is notified of the arrival of inmates with approved accommodations or reviews the applicable screen(s) in IMS to determine such arrival.
2. Pending a review by the receiving facility's medical staff, all medically prescribed accommodations that were approved at the sending facility shall be honored at the receiving facility, subject to any adjustments made as a result of the initial medical screening process. Upon review, should medical staff determine that a modification or discontinuance of the medically prescribed accommodation is necessary, he/she shall convey such changes to the Institution ADA Coordinator pursuant to the procedure set forth in 103 DOC 207.04(2).

Under no circumstances shall correctional staff at the receiving facility substitute their judgment for that of medical staff where a medical accommodation has been prescribed at the sending facility. Medically prescribed accommodations may be reviewed by the Institution ADA Coordinator at the receiving institution only pursuant to the extent permitted in Section 207.04(2).

3. Pending a review by the receiving facility's Institution ADA Coordinator, all accommodations, other than those medically prescribed, that were approved at the sending facility shall be honored at the receiving facility to the extent possible

given the receiving institution's differing security level, rules and requirements. Upon review, the Institution ADA Coordinator at the receiving facility may alter the accommodation in a manner consistent with Section 207.04(3) based upon factors or conditions at that facility. In doing so, the Institution ADA Coordinator should consult with the appropriate correctional, medical and/or mental health staff.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTIONRequest For Reasonable Accommodation Of Special Need(s)

Name of Inmate: _____ #

Institution: _____

Describe your special need:

_____How does this special need limit your daily activities?

_____What accommodation(s) are you requesting for your special need?

I expressly agree to cooperate in the handling of my request, including but not limited to, agreeing to be interviewed and/or examined by institutional and/or medical staff, as appropriate.

Printed Name

Signature _____

Date _____

Received by:

Printed Name

Employee Signature _____

Date _____

Please send completed form to: Deputy Superintendent at your institutionTo be completed by Deputy Superintendent:

Request for accommodation of special need received on:

Medical staff have been consulted regarding request (circle one):
Date
YES NO_____
Date

Name of Medical Staff Consulted

A medical order exists concerning inmate's special need: YES (please attach) NO

Request for accommodation of special need is: Granted (); Modified (); Denied ()

Basis for decision:

Signature: _____

Deputy Superintendent, Institution ADA Coordinator

Date _____

MEDICAL SERVICE PROVIDER FORM
MEDICAL RESTRICTIONS

		INSTITUTION
NAME	ID #	D.O.B.

DATE

TO: _____
 ((D.O.C. DESIGNEE))

The above named inmate has been determined to have the following needs/restrictions due to a current medical condition:

<u>TYPE</u>	<u>DATE</u>	<u>(FROM)</u>	<u>(TO)</u>
NO WORK STATUS	_____	_____	_____
LIGHT WORK STATUS	_____	_____	_____
BOTTOM BUNK	_____	_____	_____
SPECIAL EQUIPMENT (DESCRIBE BELOW)	_____	_____	_____
OTHER (DESCRIBE BELOW)	_____	_____	_____

TRANSPORTATION RESTRICTIONS:

MODIFIED RESTRAINTS TYPE:

SEDAN:
 WHEELCHAIR VAN:

MEDICAL REASON:

SUBMITTED BY: _____ MD/PA/NP	DATE: _____ TIME: _____
REVIEWED BY: _____ HSA	DATE: _____ TIME: _____
APPROVED BY: _____ SITE MEDICAL DIRECTOR	DATE: _____ TIME: _____
REVIEWED BY: _____ DEPUTY SUPT, IAC	DATE: _____ TIME: _____

(ORIGINAL IN MEDICAL RECORD AFTER APPROVAL)
(COPY TO DOC DESIGNEE)

TO: INMATE _____ ID# _____

FROM: _____, Deputy Superintendent, IAC

RE: Reasonable Accommodations/Special Needs

DATE: _____

Be advised the above named inmate is authorized for the following special accommodation(s) due to a limitation or impairment in one or more major life activities.

LIMITATIONS:

Dates

- | | | |
|-------------------------------------|--------------------|------------------|
| 1. <u>Work Program:</u> | <u>From</u> | <u>To</u> |
| () No Work | _____ | _____ |
| () Light Work | _____ | _____ |
| () No Heavy Machinery/Heights | _____ | _____ |
| () Other _____ | _____ | _____ |
| 2. <u>Physical Activity:</u> | <u>From</u> | <u>To</u> |
| () Difficulty with Ambulation | _____ | _____ |
| () Prosthetic Device | _____ | _____ |
| () Other _____ | _____ | _____ |

SPECIAL NEEDS/ACCOMMODATIONS:

- | | | |
|--|--------------------|------------------|
| 1. <u>Special Housing:</u> | <u>From</u> | <u>To</u> |
| () Close Proximity to H.S.U. | _____ | _____ |
| () H.S.U. Bed | _____ | _____ |
| () Floor Level | _____ | _____ |
| () Other _____ | _____ | _____ |
| 2. <u>Handicapped Accessibility:</u> | <u>From</u> | <u>To</u> |
| () Wheelchair | _____ | _____ |
| () Handicapped Cell | _____ | _____ |
| () Bottom Bunk | _____ | _____ |
| () Other (e.g. Visual, Hearing) _____ | _____ | _____ |
| 3. <u>Special Items (Describe Below):</u> | <u>From</u> | <u>To</u> |
| () Epi-pen _____ | _____ | _____ |
| () _____ | _____ | _____ |
| () _____ | _____ | _____ |

TRANSPORTATION RESTRICTIONS:

	<u>From</u>	<u>To</u>
() Modified Restraint(s) due to:	_____	_____

() Sedan	_____	_____
() _____		
() Wheelchair Van	_____	_____

COMMENTS:

COPY: Assistant Deputy Commissioner of Clinical Services
 Superintendent
 Deputy Superintendent of Operations
 Director of Security
 Shift Commanders, 7-3, 3-11, 11-7
 Clinical Administrator

Institutional Assignment Officer
Property O.I.C.
Housing Unit Office
Inmate's Six-Part Folder
File